


**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

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**ADP BULLETIN**

<b>Title</b> <b>Counselor Indicators Required on Drug Medi-Cal Claims</b> 		<b>Issue Date:</b> <b>June 3, 1999</b> <b>Expiration Date:</b>	<b>Issue No.</b> <b>99 - 21</b>
<b>Deputy Director Approval</b>  Original signed by: GLORIA J. MERK, II Program Operations Division	<b>Function</b>  <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input checked="" type="checkbox"/> Administration	<b>Supersedes Bulletin/ADP Letter No.</b>	

**PURPOSE**

This bulletin is to inform Drug Medi-Cal (DMC) providers that counselor indicators will be required on DMC claims for outpatient drug free and narcotic treatment program counseling services. This requirement allows the State to more efficiently evaluate program activity by identifying the counseling staff time devoted to client counseling. This will establish a tool for the provider to develop a more complete audit trail to document their counseling staff hours.

**DISCUSSION**

Beginning with July 1999, DMC claims for reimbursement of outpatient drug free and narcotic treatment programs counseling services shall include either the three-alpha character initials or a unique five-digit numeric code of the counselor providing the individual or group counseling session. The counselor indicator must be placed on the claim form in fields 136, 137, 138, 139, and 140 of the record layout. When using alpha characters, three letter characters are required for this field. If the counselor has no middle initial a dash (-) should be used. The alpha characters should be left justified and the last two fields should be left blank. The five-digit numeric code is assigned by each provider and has to be unique to the counselor. It is the provider's responsibility to keep a listing of the numeric number assigned to each counselor and to provide this listing to ADP staff upon request.

Counties and providers have the option of including the counselor indicator on their claim form for reimbursement of Day Care Habilitative, Naltrexone and Perinatal Residential services.

The counselor indicator code is required on all media type of DMC submissions: hard copy, paradox, tape, diskette and information network project claims. A record layout, dated 5/19/99, showing fields 136 – 140 is attached for your convenience.

A copy of the new Drug Medi-Cal Eligibility Worksheet (ADP 1584) is enclosed. For those counties and providers that continue to submit hard copy claims, please contact your assigned Fiscal Management Branch (FMB) analyst and request the new claim forms. Claims must be submitted on the NCR form and not a copy.

### **REFERENCES**

Title 22-Drug Medi-Cal, Section 51490.1(e) and (f)

### **HISTORY**

Not applicable

### **QUESTIONS/MAINTENANCE**

If you have any questions, please contact your assigned FMB analyst (see attached list).

### **EXHIBITS**

1. Department of Health Services record layout
2. Drug Medi-Cal Eligibility Worksheet (ADP 1584)
3. Fiscal Management Branch staff listing

### **DISTRIBUTION**

County Alcohol and Drug Program Administrators  
Wagerman Associates, Inc.  
Director's Advisory Council (DAC)  
Drug Medi-Cal Providers  
Drug Medi-Cal Vendors

**Exhibit 1 to ADP Bulletin 99-21,  
Department of Health Services – Data Systems Branch, Record Layout:  
Please contact the Department of Alcohol and Drug Programs  
Resource Center for a copy. They're at (916) 327-3728 or (800) 879-2772.  
Their Web site is [adp.state.ca.us.gov](http://adp.state.ca.us.gov); if that does not work, use [adp.cahwnet.gov](http://adp.cahwnet.gov).  
Thanks.**

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**Exhibit 1 to ADP Bulletin 99-21,  
Department of Health Services – Data Systems Branch, Record Layout:  
Please contact the Department of Alcohol and Drug Programs for a copy. Thanks.**

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CONFIDENTIAL CLIENT INFORMATION

ALCOHOL/DRUG TREATMENT SERVICES

D-

42 CFR Part 2 Sections 2.12 and 2.13

PROVIDER NAME

PROVIDER CODE

CLAIM FOR:MOYR

PROGRAM CODE

MODE OF SERVICE

Page \_\_\_\_\_ of \_\_\_\_\_

Signature \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

ADP 1584 (Rev. 05/99)      Distribution Instructions:    WHITE-State Copy    YELLOW-County Copy    PINK-Provider File Copy      (Instructions on reverse)

COMPLETION INSTRUCTIONS

**DRUG MEDI-CAL ELIGIBILITY WORKSHEET -- ADP 1584**

(FOR SUBMISSION OF FEDERAL DRUG MEDI-CAL CALIMS ONLY)

(REVISED 5/99)

ALCOHOL/DRUG TREATMENT SERVICES

HEADING INSTRUCTIONS

- A. Enter the provider name (do not mix providers on one worksheet).
- B. Enter the four-digit provider code assigned by the Department of Alcohol and Drug Programs.
- C. Enter the month and year the worksheet is submitted for as a four-digit numerical code (I.e., May 23, 1999 - 0599)
- D. Enter one of the following two-digit codes to indicate the program code.
- 20 - Regular Medi-Cal Services    25 - Perinatal Medi-Cal Services
- E. Enter one of the following two-digit codes to indicate Mode of Service provided:
- 12 ---- Outpatient Hospital Services    17 ---- Clinic Services

- F. Enter page number and total pages submitted by provider, by program code, by service function code.

LINE INSTRUCTIONS

- A. In alphabetical order enter the surname of the eligible Drug Medi-Cal client first; then enter only the initial of the first name.
- B. Enter the client's record number (chart # at program).
- C. Enter the Clients's Social Security Number (SSN) using the following format: 999999999 (use no dashes) or;
- enter the client's Client Index Number (CIN) in the same format as the SSN above.
- D. Enter as a three-digit code, the client's year of birth (e.g., 1949=949).
- E. Enter the appropriate letter code to denote the client's sex:
- M--Male            F--Female            U--Unknown
- F. Enter the appropriate numeric code to denote the client's race/ethnicity:
- 1--White            4--Asian/Pacific            7--Filipino  
2--Hispanic            5--American Indian            8--Other  
3--Black            Alaskan Native
- G. Enter the client's diagnostic code. Refer to the American Psychiatric Diagnostic Service Manual III/IV for the proper diagnostic code.
- H. Mo/Yr of Service--Enter as a four-digit code, the month and year that service(s) were provided (I.e., January 1999 -- 0199).

NOTE: Do not cross fiscal years on one claim form

- I. Treatment Dates:
- Complete the first and last treatment date for all clients.
- Clients receiving OUTPATIENT DRUG FREE or DAY CARE HABILITATIVE services use the following format:
- First day--Enter a two-digit code for the first day the client received treatment from this provider.
- Last day--Enter a two-digit code using the same day as entered in the "first day" field.
- The "first" and "last" treatment date must always be the same (I.e., June 10 -- 1010).
- METHADONE MAINTENANCE--Enter a two-digit code in the "first" field. Multiple (consecutive) days of service MUST be claimed on one line, (I.e., April 1, 1999 through April 15, 1999, Must be claimed as 0115). If there is a break in service, a new line MUST be used with the same date format.

- J. Discharge--Enter a 1 if the client was discharged during this month of service, otherwise leave blank.
- K. Service Function Code (SFC) -- Enter one of the following two-digit Service Function Code numbers:
- Narcotic Treatment Program (NTP) - Methadone            20 - 22  
NTP Levo-Alpha Acetyl Methadol (LAAM)            23 - 25  
NTP - Individual Counseling            26 - 27  
NTP - Group Counseling            28 - 29
- Day Care Habilitative            30 - 39  
Perinatal Residential            40 - 49  
Naltrexone            50 - 59  
Outpatient Drug Free            Indivi. 80-84            Group 85 - 89

NOTE: DO NOT INTERMINGLE DIFFERENT SFCs ON THE SAME ADP 1584!

- L. Units of Service--Enter units of service. One unit of service for each visit for each client with acceptable federal aid codes. A second visit may be claimed if a client leaves the facility and returns for a second visit on the same day.
- M. Total Amount--Enter the total cost for each client including cents.
- N. Good Cause Code-- If applicable, enter the alpha code to indicate the "Good Cause" for any claim lines qualifying for exemption to the submission deadlines. Refer to the instructions regarding "Good Cause" in ADP letter #96-57 dated 12/9/96. The Good Cause Certification form ADP 6065 must be completed and held at the provider site for Audit and monitoring purposes.
- O. Duplicate Override--Enter the alpha code "Y" if this is a duplicate service. A Multiple Billing Override Certification form ADP 7700 is required and must be held at the provider site for Audit or monitoring purposes.
- P. Claims from counties and providers for reimbursement of outpatient drug free and narcotic treatment program counseling services shall include either the three alpha character initials or a unique five digit code of the counselor providing the individual or group counseling session. Failure to include the specific counselor identification on the claim will result in a suspended claim.
- Q. Total the columns for Units of Service and Dollars claimed for this page and enter the totals in the appropriate spaces at the bottom of each column.
- R. On the last page of each provider's set of worksheets enter the Grand Totals for the Units of Service and the Total Dollars claimed.

NOTE: INACCURATE TOTALS OR LACK OF TOTALS WILL RESULT IN THE REJECTION OF THIS DOCUMENT OR THE ENTIRE CLAIM.

- S. The signature, phone number, and date is required on each page of each mode of service and/or service function code.

SUBMISSION INSTRUCTIONS

- A. Retain the last page (pink copy) for your records and submit the original and one (yellow) copy to the county fiscal office for processing.
- B. The County Alcohol and Drug fiscal office shall forward:
1. ADP 1584 -- One original (white); and
2. ADP 1592 -- One original with original signatures and 3 copies for Regular or Perinatal Drug Medi-Cal.

NOTE: All providers must be included on the ADP 1592.

**Department of Alcohol and Drug Programs**  
**Drug Medi-Cal Section, 4th Floor**  
**1700 K Street**  
**Sacramento, CA 95814-4037**